

1.) CORPORATION NAME:

Fidelity National Indemnity Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **8/31/2011**

SCC ID NO: **F1801283**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 RIVERSIDE AVE

CITY/ST/ZIP: JACKSONVILLE, FL 32204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK O DAVEY
TITLE: PRESIDENT
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 33204-

OFFICER

DIRECTOR

NAME: MICHAEL L GRAVELLE
TITLE: EVP/SEC
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: ANTHONY J PARK
TITLE: EVP/TREAS
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: RAYMOND R QUIRK
TITLE: DIRECTOR
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 33204-

OFFICER

DIRECTOR

NAME: MADELINE LOVEJOY
TITLE: AVP/AS
ADDRESS: 2510 N. REDHILL AVE
CITY/ST/ZIP/CO: SANTA ANA, CA 92705-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------------|
| <u>/s/ MADELINE LOVEJOY</u> | <u>MADELINE LOVEJOY, AVP/AS</u> | <u>8/3/2011</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.